PTO/SB/17 (10-03)
roved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL	Complete If Known				
<u> </u>	Application Number	09/693,115			
MAY 1 3 2004 ₺ for FY 2004	Filing Date	October 20, 2000			
Effect 10/01/2003. Patent fees are subject to annual revisions.	First Named Inventor	Jerding			
	Examiner Name	Beliveau			
PARPHABOT Claims small entity status. See 37 CFR 1.27	Group / Art Unit	2614			
TOTAL AMOUNT OF PAYMENT (\$) 770.00	Attorney Docket No.	A-6688 (191910-1580)			

				VIENT (check all that apply)					ULATION (continue	ed)
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Thomas, Kayden, Horstemeyer Risley, L.L.P.									SIR prior to Examiner ac	ction
The Co	mmissio	oner is	authorize	ed to: (check all that apply)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
Cha	arge fee(s	) indica	ted below	Credit any overpayments	1251	110	2251	55	Extension for reply within	
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1001	770	200	1 385	Utility Filing Fee	1				appeal	
1002	340	200	2 170	Design Filing Fee	1403	290	2403	145	Request for oral hearing	
1003	530	200	3 265	Plant Filing Fee	1451	1,510	1451	1,510	Petition to institute a put	olic
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Fee Code	Fee (\$)	Fee Code		Fee Description	1809	770	2809	363	Filing a submission after rejection (37 CFR § 1.12	
1202	18	2202		Claims in excess of 20	1810	770	2810	385	For each add, invention	to be
1201	86	2201		Independent claims in excess of 3	1801	770	2801	385	examined (37 CFR 1.129 Request for Continued	9(b)) 770.00
1203	290	2203		•	- [			303	Examination (RCE)	770.00
1204	86	2204		**Reissue independent claims over	1802	900	1802	900	Request for expedited ex	xam.
				original patent	1	l			of a design application	<u> </u>
1205	18	2205	5 9	**Reissue claims in excess of 20 and over original patent	Other fo	ee (specify	')			
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**or number previously paid, if greater; For Reissues, see										
above *Reduced by Basic Filing Fee Paid										
SUBMITTED BY Complete (if applicable)										
T	Delata d M			Sami O. Malas	Regi	stration No.		44,893	Telephone -	770-933-9500
Typed or I Signature	Printed Nam	ne			1,,091			,	Number /	10-300-3000
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## **CERTIFICATE OF MAILING**

I hereby certify that the below listed items are being deposited with the U.S. Postal Pervice as first class mail in an envelope addressed to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED

MAY 1 7 2004

Technology Center 2600

Sami O. Malas

In Re Application of:

Confirmation No.: 7821

**Jerding** 

Group Art Unit: 2614

Serial No.: 09/693,115

Examiner: Beliveau

Filed: October 20, 2000

Docket No.: A-6688 (191910-1580)

For: Media Services Window Configuration System

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
RCE Transmittal Page
Fee Transmittal
Credit Card Authorization - Authorizing \$770.00 for RCE fee
Response

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMEND	Docket No.							
Applicant(s): Jerdi	A-6688 (191910-1580)							
Serial No. <b>09/693,115</b>	Filing Dat October 20,		miner veau	Con	firmation No. 7821	Group Art Unit 2614		
Invention: Media Services Window Configuration System								
Commissioner for Patents RECEIVED								
Mail Stop RCE P.O. Box 1450						MAY 1 7 2004		
Alexandria VA 223	313-1450				Tec	hnology Center 2600		
Transmitted herewit	h is Amendment and	Response, and RC	E in the above	e-identifi	ied application.			
The fee has been calculated and is transmitted as shown below								
CLAIMS AS AMENDED								
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT		RATE	ADDITIONAL FEE		
TOTAL CLAIMS	28 -	/L / =	n		X \$18.	00 \$ 0		
INDEP. CLAIMS	3 -	46 = 8 =	0		X \$86.			
Multiple Dependent Claims (check if applicable)  \$290.00 \$								
EXTENSION FEE	1 <sup>ST</sup> MONTH	2 <sup>ND</sup> MONTH ☐ 420.00	3 <sup>RD</sup> MONT 950.00	_	4 <sup>1H</sup> MONTH [ 1,480.00	□ \$ <i>O</i>		
Other Fees:	110.00	420.00	330.00		1,400.00	\$		
		TOTAL ADD	ITIONAL FEE	FOR T	HIS AMENDME			
<ul> <li>No additional fee is required.</li> <li>Please charge Deposit Account No. in the amount of</li> <li>A check in the amount of to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.</li> <li>A Credit Card Payment Form PTO-2038 is attached in the amount of \$770.00 for RCE.</li> <li>The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.</li> </ul>								
Sami O. Malas, Reg. No. 44,893  Date  Date								